

1.) CORPORATION NAME:

**HARTFORD CASUALTY INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**IN**

DUE DATE: **4/30/2011**

SCC ID NO: **F0541575**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	35,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE HARTFORD PLAZA

CITY/ST/ZIP: HARTFORD, CT 06155-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RANDOLPH AMORY DALTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE HARTFORD PLAZA		
CITY/ST/ZIP/CO:	HARTFORD, CT 06155-		
NAME:	ROBERT W. PAIANO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/TREAS		
ADDRESS:	ONE HARTFORD PLAZA		
CITY/ST/ZIP/CO:	HARTFORD, CT 06155-		
NAME:	ANTHONY PHIFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	501 PENNSYLVANIA PKWY		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280-		
NAME:	GREGORY MCGREEVEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE HARTFORD PLAZA		
CITY/ST/ZIP/CO:	HARTFORD, CT 06155-		
NAME:	TERENCE SHIELDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE HARTFORD PLAZA		
CITY/ST/ZIP/CO:	HARTFORD, CT 06155-		

OFFICER                       DIRECTOR

NAME:                      ANDRE A. NAPOLI  
TITLE:                      PRESIDENT  
ADDRESS:                  ONE HARTFORD PLAZA  
CITY/ST/ZIP/CO:        HARTFORD, CT 06155-

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ TERENCE SHIELDS</u>	<u>TERENCE SHIELDS, SECRETARY</u>	<u>2/24/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.